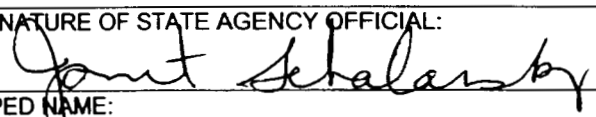
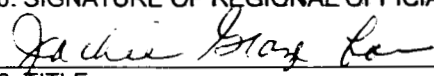


DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FOLLOWING ADMINISTRATION

Kansas (02-13)
approved: 08/12/02
effective: 07/01/02

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #02-13	2. STATE: Kansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.15		7. FEDERAL BUDGET IMPACT a. FFY <u>2002</u> \$ <u>0</u> b. FFY <u>2003</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B #7.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B #7	
10. SUBJECT OF AMENDMENT: Home Health Services - Rates			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Janet Schalansky is the Governor's <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary			
15. DATE SUBMITTED: 05/14/02			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 05/15/02		18. DATE APPROVED: AUG 12 2002	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/02		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Medicaid & State Operations	
23. REMARKS: cc: Schalansky Day/Haverkamp cc DSG-DIATA SPA CONTROL Date Submitted: 05/14/02 Date Received: 05/15/02			

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#7

Home Health Services Methods and Standards for Establishing Payment Rates

Home health services are reimbursed per unit of service provided. Kansas Medicaid establishes individual rates for the following units of service:

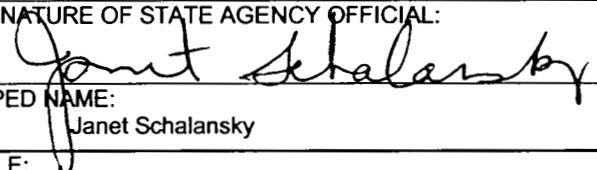
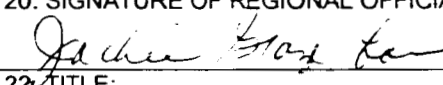
- Skilled nursing services
- Physical therapy services
- Occupational therapy services
- Speech therapy services
- Home health aide services
- Restorative Aide

Durable medical equipment and medical supplies are reimbursed on the basis of rates established by Kansas Medicaid. Payment for used equipment is limited to a maximum of 75% of the payment for new equipment.

TN #MS 02-13 Approval Date AUG 12 2002 Effective Date 4/1/02 Supersedes TN #MS-86-20

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